

Accessible Technology Assessment: Student, Environment, Tasks and Tools (SETT)

Student:

School:

Grade:

Team participants: names and titles

Phone Number:

Case Manager:

Date:

School Administrator:

Special Ed Cluster Supervisor:

| STUDENT: What are the student's strengths and needs? | ENVIRONMENT: Classes and situations where help is needed? | TASKS: What are the tasks that the student needs to be able to accomplish to meet IEP goals? | TOOLS: What AT or services will address these tasks? |
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Trial Period recommended? No _____ Yes _____ If yes, complete and attach Trial Period Plan form.